

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/869486

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6	1		1			
7		1		1		
8		1		1		
9		1		1		
10		9		9		
11		9		9		
12		12		2		
13		12		2		
14		10		1		
15		5		1		
16		5		1		
17		5		1		
18		5		1		
19		6		1		
20	1		1			
21		1		1		
22		1		1		
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24	1		1			
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35		10		1		
36	1		1			
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TOTAL IND.	6		4		5	
TOTAL DEP.		69		14		5
TOTAL CLAIMS	6	69	4	14	5	5

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY